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mantenance ree nouncatio	orm should be used for transpersespondence including the below or directed otherwise ons.		E FEE and Poders and notifical potential () specifying a second terms of the potential () and	UBLICATION FEE (if recation of maintenance fees new correspondence addre	quired). Blocks 1 through 5 s s will be mailed to the current ss; and/or (b) indicating a sep	should be completed w correspondence address arate "FEE ADDRESS"
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APPLICATION NO.	FILING DATE	. F	IRST NAMED I	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/656,533	09/04/2003	· · · · · · · ·	Michael Mo	cKenry	002307-129400US	8771
TITLE OF INVENTION: G	GRAPE PLANT NAMED 'RS	;-9'				
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		e Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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April 12, 2005

Date



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/656,533			
Filing Date	September 4, 2003			
First Named Inventor	McKenry, Michael			
Art Unit	1661			
Examiner Name	June Hwu			
Attorney Docket Number	002307-129400US			

ENCLOSURES (Check all that apply)							
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addressed Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CI	ddress Other Enclosure(s) (please identify below): Return Postcard, Part B - Issue Fee Transmittal (in duplicate)					
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